

SERFF Tracking Number:	SFMA-125590304	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	HO-23303		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	HO-23303		
Project Name/Number:	HO-23303/HO-23303		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: HO-23303

SERFF Tr Num: SFMA-125590304 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: HO-23303

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Authors: Julie Davis, Ethel Gordon

Disposition Date: 04/09/2008

Date Submitted: 04/04/2008

Disposition Status: Approved

Effective Date Requested (New): 06/15/2008

Effective Date (New): 06/15/2008

Effective Date Requested (Renewal): 08/15/2008

Effective Date (Renewal):

08/15/2008

State Filing Description:

General Information

Project Name: HO-23303

Status of Filing in Domicile: Authorized

Project Number: HO-23303

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 04/09/2008

State Status Changed: 04/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit FE-5480, Amendatory Debris Removal Endorsement, for use in our Homeowners Program.

This endorsement will be mandatory for all non-tenant Homeowners policies to expand our current debris removal language to include coverage up to \$500 for trees which have fallen across driveways or ramps that prevent access to the residence premises.

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Sincerely,

Thomas Monson, CPCU
Forms Director & Assistant Secretary-Treasurer
(309) 766-2270
tom.monson.apky@statefarm.com

Nate Gross
Forms Manager
(309) 766-3003
nathan.gross.aiqq@statefarm.com

Company and Contact

Filing Contact Information

Nate Gross,	nathan.gross.aiqq@statefarm.com
One State Farm Plaza	(309) 766-3003 [Phone]
Bloomington, IL 61710	(309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50 x 1 form - \$50.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	04/04/2008	19275414

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/09/2008	04/09/2008

<i>SERFF Tracking Number:</i>	<i>SFMA-125590304</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>HO-23303/HO-23303</i>		

Disposition

Disposition Date: 04/09/2008

Effective Date (New): 06/15/2008

Effective Date (Renewal): 08/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendatory Debris Removal Endorsement	Approved	Yes

SERFF Tracking Number: SFMA-125590304 State: Arkansas

Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: HO-23303

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: HO-23303

Project Name/Number: HO-23303/HO-23303

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Debris Removal Endorsement	FE-5480		Endorseme New nt/Amendm ent/Condi tions		0.00	FE-5480.pdf FE-5480 SBS.pdf

AMENDATORY DEBRIS REMOVAL ENDORSEMENT

SECTION I - ADDITIONAL COVERAGES

Item 1., **Debris Removal** is replaced with the following:

1. **Debris Removal.** We will pay the reasonable expenses you incur in the removal of debris of covered property damaged by a Loss Insured. This expense is included in the limit applying to the damaged property. The following coverages and limits also apply:
 - a. When the amount payable for the property damage plus the debris removal exceeds the limit for damaged property, an additional 5% of that limit is available for debris removal expense. This additional amount of insurance does not apply to Additional Coverage, item 3. Trees, Shrubs and Other Plants.
 - b. We will also pay up to \$500 in the aggregate for each loss to cover the reasonable expenses you incur in the removal of tree debris from the **residence premises**, unless otherwise excluded. This coverage applies when:
 - (1) the tree has caused a Loss Insured to Coverage A property; or
 - (2) the tree debris felled by windstorm, hail, or weight of snow or ice blocks:
 - (a) the driveway, on the **residence premises**, and prevents land motor vehicle access to or from the dwelling; or
 - (b) a ramp designed to assist the handicapped, on the **residence premises** and prevents access to or from the dwelling.

CURRENT POLICY LANGUAGE	PROPOSED ENDORSEMENT FE-5480	COMMENTS
<p align="center">SECTION I – COVERAGES</p> <p>SECTION I - ADDITIONAL COVERAGES</p> <p>The following Additional Coverages are subject to all the terms, provisions, exclusions and conditions of this policy.</p> <p>1. Debris Removal. We will pay the reasonable expenses you incur in the removal of debris of covered property damaged by a Loss Insured. This expense is included in the limit applying to the damaged property. When the amount payable for the property damage plus the debris removal exceeds the limit for the damaged property, an additional 5% of that limit is available for debris removal expense. This additional amount of insurance does not apply to Additional Coverage, item 3. Trees, Shrubs and Other Plants.</p> <p>We will also pay up to \$500 in the aggregate for each loss to cover the reasonable expenses you incur in the removal of tree debris from the residence premises when the tree has caused a Loss Insured to Coverage A property.</p>	<p align="center">AMENDATORY DEBRIS REMOVAL ENDORSEMENT</p> <p>SECTION I - ADDITIONAL COVERAGES</p> <p>Item 1., Debris Removal is replaced with the following:</p> <p>1. Debris Removal. We will pay the reasonable expenses you incur in the removal of debris of covered property damaged by a Loss Insured. This expense is included in the limit applying to the damaged property. The following coverages and limits also apply:</p> <p>a. When the amount payable for the property damage plus the debris removal exceeds the limit for damaged property, an additional 5% of that limit is available for debris removal expense. This additional amount of insurance does not apply to Additional Coverage, item 3. Trees, Shrubs and Other Plants.</p> <p>b. We will also pay up to \$500 in the aggregate for each loss to cover the reasonable expenses you incur in the removal of tree debris from the residence premises, unless otherwise excluded. This coverage applies when:</p> <p>(1) the tree has caused a Loss Insured to Coverage A property; or</p> <p>(2) the tree debris felled by wind-storm, hail, or weight of snow or ice blocks:</p>	<p>Added introductory paragraph for endorsement.</p> <p>Divided existing language into two sections.</p> <p>Included language regarding removal of tree debris blocking a driveway, ramp or access to the residence premises.</p>

CURRENT POLICY LANGUAGE	PROPOSED ENDORSEMENT FE-5480	COMMENTS
	<p>(a) the driveway, on the residence premises, and prevents land motor vehicle access to or from the dwelling; or</p> <p>(b) a ramp designed to assist the handicapped, on the residence premises and prevents access to or from the dwelling.</p>	

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/09/2008
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Comments:

Attachments:

AR 23303 PC TD-1 - P-C Transmittal Document.pdf
AR 23303 PC FFS-1 - Form Filing Schedule.pdf

Property & Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	


3. Group Name	Group NAIC #
State Farm Insurance Companies	0176

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5. Company Tracking Number	HO-23303
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Thomas W. Monson

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0
10. Sub-Type of Insurance (Sub-TOI)	04.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Homeowners Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14. Effective Date(s) Requested	June 15, 2008 for new business and August 15, 2008 for renewals.
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	4/4/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	HO-23303
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We respectfully submit FE-5480, Amendatory Debris Removal Endorsement, for use in our Homeowners Program.

This endorsement will be mandatory for all non-tenant Homeowners policies to expand our current debris removal language to include coverage up to \$500 for trees which have fallen across driveways or ramps that prevent access to the residence premises.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HO-23303			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendatory Debris Removal Endorsement	FE-5480	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		